

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

197271

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-64-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: A & G Transportation Services, Inc. Telephone: 803-278-0335
Address: 528 EDGEFIELD ROAD STE F Fax: 803-278-0225
Belvedere SC 29841 Other:
Email: WRIGHT.ANTHONY@BellSouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

SEP 19 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE _____, 20____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AIG TRANSPORTATION SERVICES, INC

2. (a) Street Address of Applicant 528 EDGEFIELD ROAD SUITE F

Belvedere SC 29841

(b) Mailing address, if different from street address _____

(c) Telephone Number 803-278-0335 Fed

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

ANTHONY T. WRIGHT, SR 528 EDGEFIELD ROAD SUITE F Belvedere SC 29841

GREGORY HORN SR 528 EDGEFIELD ROAD SUITE F Belvedere SC 29841

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

[Handwritten signature]

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: January Year: 2009

Assets:	
Cash	\$ 0.00
Receivables	\$ 10,000.00
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	\$ 37,080.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	\$ 2,500.00
Prepays and Other Assets	
Total Assets	\$ 53,580.00
Liabilities and Equity:	
Accounts Payable	\$ 3,300.00
Notes Payable	
Mortgages Payable	\$ 580.00
Equipment Obligations	
Accrued Salaries and Wages	\$ 4108.00
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$ 7988.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$ 7988.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

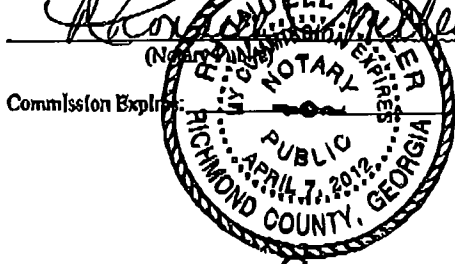
COUNTY OF Aiken

I, ANTHONY T. WRIGHT, SR DIRECTOR
 (Name of Applicant's Representative) (Title)

of A & C TRANSPORTATION SERVICES, INC the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Bar K, America, BelvedereThis the 20 day of January 2009

Commission Expires

Anthony T. Wright, Sr
 (Signature of Applicant's Representative)

* sign here

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: JANUARY Year: 2009

Assets:	
Cash	\$ 4,000.00
Receivables	\$ 10,000.00
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	\$ 37,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	\$ 2,500.00
Prepays and Other Assets	
Total Assets	\$ 53,500.00
Liabilities and Equity:	
Accounts Payable	\$ 3,300.00
Notes Payable	
Mortgages Payable	\$ 580.00
Equipment Obligations	
Accrued Salaries and Wages	\$ 4108.00
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$ 7,988.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$ 7,988.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Aiken

I, ANTHONY T. WRIGHT, SR. DIRECTOR
(Name of Applicant's Representative) (Title)

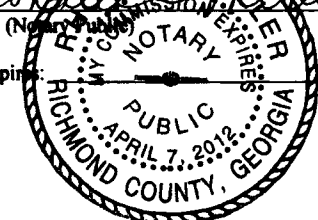
of A & G TRANSPORTATION SERVICES, INC. the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Bar K America, Belvedere

This the 20 day of February 2009

[Signature]



(Signature of Applicant's Representative)

Commission Expires:

* sign here

Please fax: 803-896-5199

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant A & G TRANSPORTATION SERVICES, INC

For the transportation of passengers as follows:

Area to be served: STATEWIDE

Number of passengers: 7

Fares: \$60 PER TRIP NOT TO EXCEED 45 MILES; TRIP OVER 45 MILES WILL BE FLAT RATE \$80.00 PLUS MILES.

Date 01/30/09

Anthony Luján, SR By

CEO / DIRECTOR
Title

Rev. 8/00

EXHIBIT D

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
-------------------	------	-----------------	----------	-----------------	------------------------

1FDWE30S0WHC11848 FORD E350 1FDWE30S0WHC11848 9100LBS 7

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

A & G TRANSPORTATION SERVICES, INC
(Applicant)

Date: 01/30/09

ANTHONY T. WRIGHT, SR
(Applicant's Representative)

CEO/DIRECTOR
(Title)

INSURANCE QUOTE

The following insurance quote is for:

A & G TRANSPORTATION SERVICES, INC
(Name of Motor Carrier)

528 EDGEFIELD ROAD SUITE F BELLEVUE SC 29841
(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance \$1,000,000 EACH OCCURRENCE; \$5,000.00 MEDICAL EACH PERSON

The above quoted premiums are for a term of 12 months.

NATIONAL INSURANCE SERVICES, LLC
(Insurance Company Name)

700 GALLERIE PARKWAY SUITE 355 ATLANTA GA 30339
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

01/30/09
Date

SEE ATTACHED LETTER & INSURANCE CARD
(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: A:G TRANSPORTATION SERVICES, INC
Address: 528 EDGEFIELD ROAD SUITE F
Telephone No. 803-278-0335 Fax No. 803-278-0226
U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ☒
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Anthony L. Miller, Sr.
(Applicant's Signature)

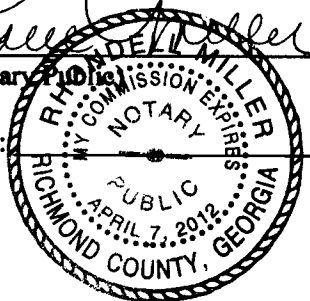
Sworn to before me

At Bank of America, Blended

This 2 day of Feb, 2009

Rhonda Miller
(Notary Public)

Commission Expires:



ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID: JE
A>R-1DATE (MM/DD/YYYY)
07/16/08

PRODUCER
National Insurance Services, LLC.
 700 Galleria Parkway Ste#355
 Atlanta GA 30339
 Phone: 800-251-5732

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

A & G Transportation Services,
 528 Edgefield Rd Suite F
 Belvedere SC 29841

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Discover Re Managers, Ltd.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY	D259P00524	07/15/08	07/15/09	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A X	AUTOMOBILE LIABILITY	D259P00524	07/15/08	07/15/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
		DEDUCTIBLES:			
		\$1000 COMP			
		\$1000 COLL			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is named as additional insured under General Liability and Automobile Liability where required by contract, signed by an authorized representative of the named insured.

CERTIFICATE HOLDER

LogistiCare Solutions, LLC
 Tiffany Campbell
 Fax: 877-352-5639
 503 Oak Place, Ste. 550
 Atlanta GA 30349

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John Varner

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

LGTC, the State of South Carolina and DHHS are listed as Additional Insured in regards to Auto and General Liability only.

CERTIFICATE HOLDER

Logisticare Solutions LLC -SC
Karen
401 Martintown Rd, Suite 21
North Augusta SC 29841

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

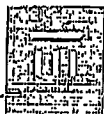
AUTHORIZED REPRESENTATIVE

CRW

Carrie Musa

ACORD 25 (2001/08)

© ACORD CORPORATION 1988



August 28, 2008 NATIONAL INSURANCE SERVICES

A & G Transportation Services, Inc and New Vision Behavioral Health Center
ATTN: Anthony Wright
528 Edgefield Rd
Belvedere, SC 29841

RE: Endorsement #1 Effective 08-07-08

Dear Anthony :

Enclosed please find endorsement #1 to your policy as requested, which amends the following:

1. The named insured has been amended to read:
A&G Transportation Services, Inc. and New Vision Behavioral Health Center, Inc.
2. The following vehicles have been added to your vehicles schedule:
1998 Ford # 11854
1998 Ford #11848

Please attach this endorsement to your copy of the policy, as it becomes a part of it.

Also included is our invoice for this endorsement. Payment is due upon receipt and your check should be made payable to National Insurance Services, LLC. If you would like to have the additional premium added to your finance agreement with AI Credit, please sign the attached finance agreement and fax back to me at 770-818-4379.

If you should have any questions please feel free to give me a call. We appreciate the opportunity to service your insurance needs.

Sincerely,

Jenny Hauck
Account Assistant

Enclosures

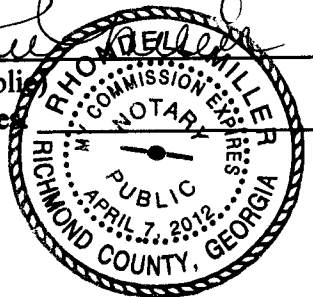
Fax: 803-278-0226

APPLICANT'S OATH

I, ANTHONY T. VIRGENT, SR., verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law.(Note: This oath embraces all schedules and supplemental filings to this application.)

Anthony T. Virgent, Sr.
(Applicant's Signature)

Sworn to before me
At Bank of America, Belvedere
This 2 day of February 2009
Ronald Miller
(Notary Public)
Commission Expires



FEB 28 2008

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
NONPROFIT CORPORATION
ARTICLES OF INCORPORATION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-31-202 of the South Carolina Code of Laws, as amended, the undersigned corporation submits the following information:

1. The name of the nonprofit corporation is A & G TRANSPORTATION SERVICES, INC.
2. The initial registered office of the nonprofit corporation is 528 EDGEFIELD ROAD STE F

<u>Belvedere</u> City	<u>AIKEN</u> County	<u>SC</u> State
		<u>29841</u> Zip Code

The name of the registered agent of the nonprofit corporation at that office is

ANTHONY T. WRIGHT SR
Print Name

I hereby consent to the appointment as registered agent of the corporation.

Anthony T. Wright Sr
Print Name

3. Check "a", "b", or "c" whichever is applicable. Check only one box:
 - a. ☒ The nonprofit corporation is a public benefit corporation.
 - b. ☐ The nonprofit corporation is a religious corporation.
 - c. ☐ The nonprofit corporation is a mutual benefit corporation.
4. Check "a" or "b", whichever is applicable:
 - a. ☐ This corporation will have members.
 - b. ☒ This corporation will not have members.

080228-0156
A & G TRANSPORTATION SERVICES, INC.
Filing Fee: \$25.00 ORIG

Mark Hammond

South Carolina Secretary of State

5. The address of the principal office of the nonprofit corporation is

<u>528 EDGEFIELD ROAD STE F</u> Street Address	<u>Belvedere</u> City	<u>AIKEN SC</u> State
		<u>29841</u> Zip Code

6. If this nonprofit corporation is either a public benefit or religious corporation (when box "a" or "b" of paragraph 3 is checked), complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation.

- a. ☒ Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated

A & G TRANSPORTATION SERVICES, INC.
Name of Corporation

exclusively for such purposes.

- b. ☐ Upon dissolution of the corporation, consistent with the law, the remaining assets of the corporation shall be distributed to

7. If the corporation is a mutual benefit corporation (when box "c" of paragraph 3 is checked), complete either "a" or "b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation.

- a. ☐ Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving.

- b. ☐ Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to

8. The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows (See 33-31-202(c) of the 1976 South Carolina Code of Laws, as amended, the applicable comments thereto, and the instructions to this form)

9. The name and address of each incorporator is as follows (only one is required) Belvedere, SC.

ANTHONY T. WRIGHT, SR. 528 EDGEFIELD ROAD STE F 29841
Name Address Zip Code

GREGORY HORN SR. 528 EDGEFIELD ROAD STE F Belvedere SC 29841
Name Address Zip Code

Name Address Zip Code

10. Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles:

ANTHONY T. WRIGHT, SR.
Name (Only if named in articles)

ANTHONY T. WRIGHT, SR.
Signature of director

GREGORY HORN SR.
Name (Only if named in articles)

GREGORY HORN SR.
Signature of director

Name (Only if named in articles)

Signature of director

11. Each incorporator must sign the articles.

ANTHONY T. WRIGHT, SR.
Signature of incorporator

GREGORY HORN SR.
Signature of incorporator

Signature of incorporator

AIG TRANSPORTATION SERVICES, INC
Name of Corporation

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk, which will allow for expansion of space on the form.
3. This form must be accompanied by the filing fee of \$25.00 payable to the "Secretary of State."

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211
4. If this organization is a Political Association it must also be accompanied by the First Annual Report of Corporations and an additional \$25.00 fee is required.

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.